

Idaho Department of Correction 	Standard Operating Procedure Multiple Divisions Institutional Programs and Activities	Control Number: 607.26.01.013	Version: 3.0	Page Number: 1 of 7
		Title: Transition and Treatment Funding Program for Offenders		Adopted: 8-8-2002 Reviewed: 8-24-2010 Next Review: 8-24-2012

This document was approved by Shane Evans, chief of the Division of Education and Treatment; Kevin Kempf, chief of the Division of Community Corrections; and Pam Sonnen, chief of the Division of Prisons, on 8/24/10 (signature on file).

BOARD OF CORRECTION IDAPA RULE NUMBER 607

[Public Participation in Program Activities](#)

POLICY STATEMENT NUMBER 607

[Correctional Education and Programs](#)

POLICY DOCUMENT NUMBER 607

[Correctional Education and Programs](#)

DEFINITIONS

[Standardized Definitions List](#)

None

PURPOSE

The purpose of this standard operating procedure (SOP) is to provide standardized guidance for providing limited financial support to offenders who are without funding or familial resources so they might gain housing, treatment, and services necessary to promote stability in the community.

SCOPE

This SOP applies to (1) all offenders housed in Idaho Department of Correction (IDOC) correctional facilities **or** under the supervision of the Division of Community Corrections who need limited financial support for housing, treatment, or services (see [section 1](#)); and (2) all staff members involved in the overall case management of offenders.

RESPONSIBILITY

Chief of the Division of Education and Treatment

The chief of the Division of Education and Treatment is responsible for oversight of transition and treatment funding and compliance with this SOP.

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Facility Heads and District Managers

Facility heads and district managers are responsible for implementing this SOP and ensuring that staff members practice the procedures provided herein.

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GENERAL REQUIREMENTS

1. Introduction

On a case-by-case basis, the IDOC may provide limited funding to offset costs associated with housing, living expenses, evaluations, assessments, polygraphs, transportation, **or** any combination of these services.

2. Use of Funds

Lodging and Living Expense

Transition funds may be used to assist with payment for up to 30 days of lodging and living expenses. Additional funding for lodging and living expenses may be approved on a case-by-case basis.

Requested funds for evaluations, assessments, polygraphs, transportation, and approved initial necessities may also be approved on a case-by-case basis.

Typically, funds provided will be the minimum amount necessary to establish residence but should not exceed one thousand five hundred dollars (\$1500) per offender.

Treatment, Testing, and Assessment

Transition funds may be used for treatment-related expenses to include: assessments, treatment (drug and alcohol, mental health, sex offender, and cognitive behavioral), polygraphs, medications, and other indirect or direct treatment requirements associated

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with risk-reduction. The funds provided would be the minimum required to ensure treatment continuity.

3. Offender Eligibility

Case managers **or** probation and parole officers (PPOs) will conduct initial screening, identify eligible offenders, and initiate the application process. Offender eligibility includes, but is not limited to, the following:

Lodging and Living Expense

- Must have a tentative parole date.
- Must be without a viable parole plan.
- Must have less than five hundred dollars (\$500) and no other resources.
- Must not be designated as violent sexual predators (VSP).
- If on community supervision, must be at risk of becoming homeless.

Treatment, Testing, and Assessment Funds

- Display of high-risk behaviors.
- Display of significant drug, alcohol, mental health, and behavioral problems.
- Lack financial resources and all other funding sources are exhausted.
- At risk of re-incarceration.

Other Factors Include

- Available funding at district or institution.
- Management recommendations.

4. Referral and Approval Process

Table 4-1: Correctional Facilities

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Case Manager	1	Enter Reflections and check the 'parole plan module' to see if the offender's proposed housing location has been entered and if it has not, enter it.
Case Manager	2	Determine whether the offender is eligible for transition funds (see section 3 of this SOP). Note: If needed, contact the re-entry PPO in the receiving district for assistance <u>or</u> referral to housing resources.

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Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Case Manager	3	<ul style="list-style-type: none"> Review the offender's case file and then interview the offender to verify that he does not have family, friends, or other acceptable transition options available; and If applicable, provide the offender with appendix A, <i>Transition Funding Request (Correctional Facilities)</i>.
Offender	4	Complete the <i>Transition Funding Request (Correctional Facilities)</i> form, and return it to the case manager.
Case Manager	5	<ul style="list-style-type: none"> Review the completed <i>Transition Funding Request (Correctional Facilities)</i> form for completeness; Complete the bottom portion of the form; Enter the Corrections Integrated System (CIS) and document the written request in the c-notes as a 'transition fund'; and Fax the form to the treatment and housing coordinator (see bottom of form);
Treatment and Housing Coordinator	6	Screen the completed <i>Transition Funding Request (Correctional Facilities)</i> form to ensure the offender is eligible for transition funds (see section 3 of this SOP).
Treatment and Housing Coordinator	7	<ul style="list-style-type: none"> Email the case manager to inform him of your decision to approve or deny transition funding; and In the CIS, cut and paste the email into the c-notes as a 'transition funding – approved' or 'transition funding – denied', as applicable.
Case Manager	8	<p>Verbally notify the offender of the transition funding decision.</p> <ul style="list-style-type: none"> <u>If the request was approved</u> – the process continues at step 9. <u>If the request was denied</u> – the process ends here.
Case Manager or PPO	9	<p>If necessary, contact (e.g., phone, email, or personal visit) potential landlords to:</p> <ul style="list-style-type: none"> Facilitate the application process and/or placement, Identify associated costs for rent and deposits, and Gather billing and payment information.
PPO	10	<ul style="list-style-type: none"> Complete an investigation of the release plan; and Enter Reflections and document the outcome in the 'parole plan module.' <p>Note: Reflections will auto-generate an email notification to the PPO, parole coordinator, and case manager. The parole coordinator then works with the Commission of Pardons and Parole to establish a firm release date.</p>

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Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Treatment and Housing Coordinator	11	<ul style="list-style-type: none"> As necessary, process the amount of funding needed to hold the residence. Upon the Commission of Pardons and Parole's assignment of a firm release date, issue a payment voucher to the vendor for the following (as applicable): <ul style="list-style-type: none"> Housing and/or associated costs. Assessments, evaluations, polygraphs, etc.
Vendor	12	Completes the voucher and returns it to the treatment and housing coordinator.
Treatment and Housing Coordinator	13	<p>Receive the voucher, verify that it is filled out correctly, and forward it and the transition funding packet to the Fiscal Unit (located at Central Office) for payment processing.</p> <p>Note: The transition funding packet consists of various approved documentation as agreed upon by the treatment and housing coordinator and the Fiscal Unit.</p>
Fiscal Unit	14	Pay the vendor.

For further assistance with CIS, see your designated CIS super user.

Table 4-2: Community Corrections

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
PPO (or designee)	1	Determine whether the offender is eligible for transition funds (see section 3 of this SOP).
PPO (or designee)	2	Review the offender's case file and then interview the offender to verify that he does not have family, friends, or other acceptable transition options available.
PPO (or designee)	3	<p>Complete one or both of the following forms (as needed):</p> <ul style="list-style-type: none"> Appendix B, Transition Funding Request (Community Corrections). Appendix C, Treatment Funding Request (Community Corrections).
PPO (or designee)	4	<ul style="list-style-type: none"> Enter the Corrections Integrated System (CIS) and make a 'transition/treatment funding' supervision contact note entry; and Email the completed form(s) to the treatment and housing coordinator (see bottom of appendix B or C).
Treatment and Housing Coordinator	5	Screen the completed <i>Transition Funding Request (Community Corrections)</i> <u>or</u> <i>Treatment Funding Request (Community Corrections)</i> forms, as applicable, to ensure the offender is eligible for funding. (See section 3 of this SOP.)

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Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Treatment and Housing Coordinator	6	<ul style="list-style-type: none"> Email the PPO (or designee) to inform him of your decision to approve or deny transition funding; and In the CIS, cut and paste the email into a supervision contact note entry as a 'transition/treatment funding – approved' or 'transition/treatment funding – denied', as applicable.
Treatment and Housing Coordinator and PPO (or designee)	7	<ul style="list-style-type: none"> <u>Treatment and housing coordinator task only</u> – if funding is being approved, issue a payment voucher to the vendor for the following (as applicable): <ul style="list-style-type: none"> ♦ Housing. ♦ Treatment. <u>PPO task only</u> – verbally notify the offender of the transition funding decision; direct the offender to the vendor; make a collateral contact with the vendor to confirm the referral; and enter the CIS and make a 'collateral contact' supervision contact note entry.
Vendor	8	<p>Completes the voucher and returns it to the treatment and housing coordinator.</p> <p>Note: If the voucher is for treatment, the vendor must not submit billing to the treatment and housing coordinator until the service(s) has been provided to the offender.</p>
Treatment and Housing Coordinator	9	<p>Receive the voucher or billing information (as applicable); and if the service(s) were for:</p> <ul style="list-style-type: none"> <u>Housing</u> – verify that the voucher is filled out correctly and correct or contact the vendor as required or needed. <u>Treatment</u> – verify that the billing information and treatment provided the offender matches what was approved on the payment voucher. <p>Note: Billings that do not match the voucher shall not be processed for payment. Contact the vendor for correction and/or resolution.</p>
Treatment and Housing Coordinator	10	<p>Forward the voucher and/or billing (as applicable) <u>and</u> the transition funding packet to the Fiscal Unit (located at Central Office) for payment processing.</p> <p>Note: The transition funding packet consists of various approved documentation as agreed upon by the treatment and housing coordinator and the Fiscal Unit.</p>
Fiscal Unit	11	Pay the vendor.

For further assistance with CIS, see your designated CIS super user.

REFERENCES

Appendix A, *Transition Funding Request (Correctional Facilities)*

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Appendix B, *Transition Funding Request (Community Corrections)*

- [Appendix B \(Fill-in version\)](#)

Appendix C, *Treatment Funding Request (Community Corrections)*

- [Appendix C \(Fill-in version\)](#)

– End of Document –

COPY

IDAHO DEPARTMENT OF CORRECTION
Transition Funding Request (Correctional Facilities)

Note: This form must be completed in its entirety. An incomplete form will not be reviewed.

Offender Name: _____ IDOC #: _____ Facility: _____

(Complete as Applicable) TPD: _____ TGD: _____ Rider ECD: _____

Funds Requested For: ☐ Rent

☐ ISC Application Fee State Going To: _____

☐ Transportation (Air/Bus) Cost: _____

Housing Plan: Provide the name and address of the person you plan to live with when released.

Name: _____

Residence Address: _____

(City, State, and Zip) _____

Monthly Rent Amount: _____

Contact Person Name
& Relationship to you: _____

Do you have minor children? ☐ Yes ☐ No

If yes, will you live with them when released? ☐ Yes ☐ No

I solemnly declare and affirm, under penalty of perjury, that the above information is true, correct, and accurate.

DATED this ____ day of _____, 20____.

(Printed Name)

(Signature)

For Case Manager Use Only

Complete this section prior to faxing to the treatment and housing coordinator at (208) 327-7458.

Email Address: _____ District Releasing Offender To: _____
(Only required if ICC)

Comments: _____

(Printed Name)

(Signature)